

INDEPENDENT SCHOOL DISTRICT 196  
Rosemount-Apple Valley-Eagan Public Schools  
*Educating our students to reach their full potential*

Series Number 505.2.10P Adopted December 1997 Revised April 2015

Title **Parent or Eligible Student Request to Inspect and/or Obtain Copies of Educational Records**

To: Principal (for records maintained in schools) **or** District 196 Student Information (for records maintained at the District Office) 3455 153<sup>rd</sup> St. W., Rosemount, MN 55068

From: \_\_\_\_\_  
Name of parent, guardian or eligible student\* Address \_\_\_\_\_

Date: \_\_\_\_\_  
Phone number \_\_\_\_\_

Re: \_\_\_\_\_  
Name of student School \_\_\_\_\_

In accordance with Administrative Regulations 505.2AR, Protection and Privacy of Student Records, and 801.11AR, Access to Data for Data Subjects, I request access to educational data in the following way(s):

- Inspection**                       **Copies**

**These are the data I am requesting:**

(Describe the data as specifically as possible.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

- I understand that you will call me to arrange a time for me to inspect the requested records.  
 I understand that you will call me when the requested copies have been prepared. I will pay for the copies at that time.

\_\_\_\_\_  
\*Signature of parent, guardian or eligible student Date \_\_\_\_\_

\*Verification of identification made by: \_\_\_\_\_

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**Response to request for educational records:**

\_\_\_\_\_ was notified on \_\_\_\_\_ that:  
Name of parent, guardian or eligible student Date

- Copies are ready for pick up at \_\_\_\_\_ at a cost of \$ \_\_\_\_\_  
 A conference to inspect the records has been scheduled at \_\_\_\_\_  
on \_\_\_\_\_ at \_\_\_\_\_  
Date Time Name of school or other location